

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	)	
	)	
Michelle S. Berryman, et al.	)	Group Art Unit: 1773
	)	
Serial No.: 09/788,953	)	Examiner:
	)	
Filed: February 20, 2001	)	
	)	
For: Tattoo Method And System For Medical	)	
And Surgical Applications	)	

Commissioner for Patents  
Washington, DC 20231

**REVOCATION OF PRIOR POWERS OF ATTORNEY,  
NEW POWER OF ATTORNEY AND CHANGE OF  
CORRESPONDENCE ADDRESS IN PATENT APPLICATION**

Dear Sir:

We, the undersigned inventors of the above-identified patent application, hereby revoke all prior Powers of Attorney given in the above-identified application and appoint: Barry Kramer, Reg. No. 20,622; Mark Giarratana, Reg. No. 32,615; Basam E. Nabulsi, Reg. No. 31,645; R. Thomas Payne, Reg. No. 30,674; Scott D. Wofsy, Reg. No. 35,413; George Chaclas, Reg. No. 46,608; Eric Grondahl, Reg. No. 46,741; Richard H. Newman, Reg. No. 41,222, and James J. Lillie, Reg. No. 46,873, all of Cummings & Lockwood, Four Stamford Plaza, P.O. Box 120, Stamford, Connecticut 06904-0120, as my attorneys to transact all business in the Patent and Trademark Office connected therewith.

Please change the mailing address of the attorneys of record to:

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Date: 7 November, 2001

By: Michelle S. Berryman  
Michelle S. Berryman

Date: Oct 25, 2001

By: Deborah S. Wiese  
Deborah S. Wiese

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Please type a plus sign (+) inside this box → 

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

- ☐ Declaration Submitted with Initial Filing      OR      ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	MD-221
First Named Inventor	Michelle S. Bergman
COMPLETE IF KNOWN	
Application Number	/
Filing Date	concurrently herewith
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

*Tattoo Method and System for Medical and Surgical Applications*

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

# DECLARATION — Utility r De Ign Pat nt Application

Direct all correspondence to: ☐ Customer Number or Bar Code Label ☐ OR ☒ Correspondence address below

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

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NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name Doroth Family Name Wiese  
First and middle (if any) Doroth Sue  
Inventor's Signature Doroth S. Wiese Date 2/15/01  
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Mailing Address 11734 Via Saffron

City El Cajon State CA Zip 92019 Country USA

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.